

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096327

FILED  
Apr 02, 2008  
Secretary of State

Entity Name: ENTA INVESTMENTS II LLC

**Current Principal Place of Business:**

1330 SOUTH FORT HARRISON AVENUE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1330 SOUTH FORT HARRISON AVENUE  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 20-5664657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CANTU, DAVID O  
25400 US HIGHWAY 19 NORTH  
SUITE 116  
CLEARWATER, FL 33763 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ALIDINA, ARIF MD  
Address: 1330 SOUTH FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR      ( ) Delete  
Name: ANTHONY, STEVEN MD  
Address: 1330 SOUTH FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR      ( ) Delete  
Name: JAMES, BARN A  
Address: 1330 SOUTH FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR      ( ) Delete  
Name: COHEN, LANCE MD  
Address: 1330 SOUTH FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR      ( ) Delete  
Name: MILLER, MITCHEL MD  
Address: 1330 SOUTH FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR      ( ) Delete  
Name: STEINIGER, JOSEPH MD  
Address: 1330 SOUTH FORT HARRISON AVE  
City-St-Zip: CLEARWATER, FL 33756 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL FRANKS

MR

04/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date